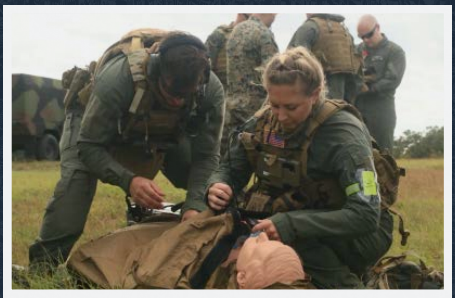
THE OAKLEAF NEWSLETTER

Navy Nurse Corps

Courage • Legacy • Care



July 2026

Volume 19, Issue 2

IN THIS ISSUE

FROM THE CHIEF
3 The Admiral's Message

READINESS IN ACTION
4 Recovering the Artemis II Astronauts
7 Operational Nursing: Inside the En Route Care Team
8 CNO Spotlight: How Yokosuka Builds Readiness

LEADERSHIP
9 It's Never Too Late to Follow Your Dreams
10 Beyond the Bedside: Navy Nurses at the Helm
11 Policy and Practice: Setting the Standard

SPECIALTY LEADER UPDATES
12 1910: Backbone of the Fleet
13 1940: Protecting the Force Before the Fight
14 1950: No Smoke, All Fire
16 3130: Turning Data Into Readiness

RESERVE CORNER
18 Reserve Affairs: One Corps, One Mission
19 RC Periop: Ready When Called
20 RC Research: Better Teams, Better Outcomes

GROW YOUR CAREER
21 Charting Your Course: Career Planner
22 Branching Out: Career Development Boards
23 Sharpening the Edge: Training Opportunities

FROM ACROSS THE FLEET
24 NSNA: Meeting Tomorrow's Navy Nurses
25 Informatics: A Critical Need
26 TSNRP
27 Hail and Farewell to the Editors-In-Chief
28 Bravo Zulus
29 We Want To Hear From You!

NEWSLETTER EDITOR

Cmdr. Kara McDowell
Cmdr. Maggy Mitzkewich

NEWSLETTER STAFF

Lt. Cmdr. Joy Michelle Dizon
Lt. Cmdr. Beverly Howell
Lt. Adeline Villanueva
Lt. Cmdr. Diana Hemstreet (RC)
Lt. Brook Barges (RC)

EMAIL US!

LOE 4: RDML Hawkins Fosters Academic Partnerships at INR 250

Robert Hawkins
Rear. Adm., NC, USN
Chief
Navy Nurse Corps

In a strong show of support for International Naval Review 250, Rear Admiral Robert Hawkins recently completed a strategic tour of Columbia University, Pace University, New York University, and Seton Hall University.

During these visits, RDML Hawkins engaged directly with university leadership to foster robust partnerships and advance joint healthcare education initiatives. A key focus of the engagements was highlighting the extensive array of scholarship opportunities Navy Medicine offers to students pursuing careers across a wide variety of healthcare disciplines. By strengthening ties with premier academic institutions, Navy Medicine continues to attract top-tier medical talent to support the fleet and the warfighter.

RDML Hawkins meets with Hunter College Provost Dr. Manoj Pardasani/Released

RDML Hawkins discussing Pace University health programs with President Marvin Krislov/Released

RDML Hawkins and the LOE 4 team meet with Columbia University School of Nursing Leadership/Released

READINESS IN ACTION

RECOVERING THE ARTEMIS II ASTRONAUTS

Submitted by Lt. Ryan Pavelka

*NASA Orion Space Capsule with Astronaut **Capt. Victor Glover** egressing the Artemis II Orion space capsule, assisted by members of the Navy Medical and EOD teams/Released*

The Artemis II recovery mission marked a historic milestone in human spaceflight and showcased the Navy Nurse Corps' enduring impact at the forefront of operational medicine. Navy Nurses played a pivotal role in a highly integrated, joint, and interagency medical effort alongside Navy Operational Medical Teams, U.S. Air Force assets, NASA, and Canadian Space Agency Flight Surgeons to ensure the safe recovery and post-flight care of the highly decorated Artemis II astronauts.

This mission reflects more than participation in a historic event; it underscores the Navy Nurse Corps' indispensable role in extending the reach of advanced clinical care to the edge of human exploration, reinforcing its legacy of readiness, adaptability, and excellence in service to both warfighters and the nation's most ambitious endeavors.

From the well deck of USS John P. Murtha to the clinical spaces supporting astronaut recovery, Navy Nurse Corps officers brought advanced clinical expertise, operational agility, and leadership to an environment marked by uncertainty, complexity, and mission-critical timelines. Their ability to deliver high-acuity, patient-centered care in austere maritime settings while seamlessly integrating with joint and international partners underscores the unique value of Navy nursing in expeditionary operations.

On April 10, 2026, NASA's Orion capsule reentered Earth's atmosphere at approximately 24,000 mph and safely descended into the Pacific Ocean. Positioned and at the ready, Navy medical teams stood by for immediate recovery operations. Following egress from the capsule, the astronauts were transported by Helicopter Sea Combat Squadron (HSC) 23 to the USS John P.Murtha for continued medical evaluation and monitoring.

As the Fleet Surgical Team One's (FST 1) 1960 Critical Care Nurse embarked on the USS John P. Murtha (LPD-26), **Lt. Ryan M. Pavelka** provided direct clinical oversight, coordination, and care for the four Artemis II astronauts following splashdown. During this high-risk post-flight phase, as the astronauts readjusted to Earth's gravity aboard a dynamic maritime platform, Lt. Pavelka ensured continuous patient monitoring, clinical decision-making, and seamless integration of nursing care with corpsman support from **Hospital Corpsman Second Class Kraylor Kirk Johnson, Hospital Corpsman Third Class Trevor Jordan, Hospital Corpsman Third Class Virjohn, and Hospital Corpsman Allison Bonilla**. The care team maintained an overnight presence, delivering uninterrupted, high-acuity care while conducting serial neurological, cardiovascular, and musculoskeletal assessments to identify orthostatic intolerance, vestibular dysfunction, and early signs of microgravity-induced deconditioning. His nursing management included monitoring vital signs, fall-risk mitigation, and hands-on assistance with ambulation in a constrained, motion-affected shipboard environment. This care was delivered in close collaboration with NASA and Canadian Space Agency Flight Surgeons, integrating aerospace medicine expertise with bedside critical care nursing to provide comprehensive, adaptive, and patient-centered care during a uniquely demanding recovery period.

(continued on next page)

READINESS IN ACTION

RECOVERING THE ARTEMIS II ASTRONAUTS

Submitted by Lt. Ryan Pavelka

"[This mission] underscores the Navy Nurse Corps' indispensable role in extending the reach of advanced clinical care to the edge of human exploration..."

NASA Artemis II Recovery Medical Teams in front of the NASA Orion Space Capsule in the USS John P. Murtha (LPD-26) well-deck/Released

Supporting surgical capability and contingency readiness from Fleet Surgical Team One, **Lt. Cmdr. Sarah Hart,** Division Officer and 1950 Perioperative Nurse, **Lt. Cmdr. Simon Conrad**, 1972 Certified Registered Nurse Anesthetist (CRNA); and **Lt. Chissa Galicinao**, 1950 Perioperative Nurse (Fleet Surgical Team 9), ensured that Role II surgical capability remained immediately available. Their efforts included the deliberate preparation, sterilization, and configuration of surgical instrument sets, as well as the meticulous organization of operating room supplies to support a wide range of potential interventions. Continuous equipment validation, anesthesia readiness checks, and redundancy planning ensured no lapse in capability within a resource-constrained maritime environment. These efforts were further strengthened by extensive operational training in expeditionary medicine, trauma resuscitation, and shipboard surgical operations, enabling rapid transition from routine posture to emergent response. Integration with the ship's force and other medical elements ensured unity of effort and rapid activation of surgical capability if required.

Additional support was provided by En Route Care System (ERCS) Teams 2, 3, and 11, including **Lt. Cmdr. Scott Klingensmith** (1960 Critical Care Nurse, U.S. Naval Hospital Guam), **Lt. Cmdr. Meredith Marlowe** (1945 Emergency Nurse, U.S. Naval Hospital Guam), and **Lt. Stephanie Ryan** (1960 Critical Care Nurse, Naval Medical Center San Diego), as well as Expeditionary Resuscitative Surgical System (ERSS) 14, with **Cmdr. Travis Fitzpatrick** (1972 Certified Registered Nurse Anesthetist, Naval Hospital Camp Pendleton) and **Lt. Cmdr. Beyonava Kendall** (1945 Emergency Nurse, Naval Hospital Camp Pendleton). These teams enhanced contingency preparedness and ensured rapid response capability for off-nominal scenarios.

(continued on next page)

READINESS IN ACTION

RECOVERING THE ARTEMIS II ASTRONAUTS

Submitted by Lt. Ryan Pavelka

Notably, on January 26, 2026, the USS John P. Murtha (LPD-26) conducted a Just-In-Time Training (JITT) for the pre-recovery mission, supported by 1960 En Route Care Nurses from 1st Medical Battalion, 1st Marine Logistics Group, Camp Pendleton, CA. En Route Care Nurses **Lt. Tanner L. Pavelka, Lt. Veronica Perez, and Lt. Pepetinovao "Tino" Sitafine** worked directly with NASA to certify the medical team's capability for En Route Care specific to astronaut recovery operations. Although these officers were subsequently re-tasked to support various operational requirements and were unable to participate in mission execution, their contributions were instrumental in preparing the team and ensuring readiness for this highly specialized operation.

The Artemis II crew, consisting of Mission Commander retired Navy **Capt. Reid Wiseman**, Pilot Navy **Capt. Victor Glover**, Mission Specialist Royal Canadian Air Force Colonel and Canadian Space Agency astronaut **Jeremy Hansen**, and Mission Specialist NASA astronaut **Christina Koch**, completed a 10-day lunar flyby mission, traveling more than 250,000 miles from Earth and coming within 4,067 miles of the lunar surface. Their safe return marks the first crewed lunar mission in over 50 years and represents a pivotal step forward in advancing human exploration beyond low-Earth orbit.

This mission underscores Navy Medicine's essential role in enabling complex joint and interagency operations. As NASA advances with future Artemis missions, Fleet Surgical Teams, En Route Care Teams, Expeditionary Resuscitative Surgical Support Teams, and Navy Nurse Corps officers embedded within these units, working alongside multidisciplinary partners, remain dedicated to ensuring the safe recovery and care of astronauts. This dedication exemplifies the capability, unique opportunities, and impact of operational nursing in some of the most demanding and historically significant environments.

Participating Artemis II Recovery Navy Nurse Corps Members: Lt. Cmdr. Sarah Hart (1950 Perioperative Nurse, Fleet Surgical Detachment 1); Lt. Ryan M. Pavelka (1960 Critical Care Nurse, Fleet Surgical Team 1); Lt. Cmdr. Simon Conrad, (1972 Certified Registered Nurse Anesthetist, Fleet Surgical Team 1); Lt. Chissa Galicinao (1950 Perioperative Nurse, Fleet Surgical Detachment 9), En Route Care System (ERCS) Teams 2, 3, and 11, including Lt. Cmdr. Scott Klingensmith (1960 Critical Care Nurse, U.S. Naval Hospital Guam), Lt. Cmdr. Meredith Marlowe (1945 Emergency Room Nurse, U.S. Naval Hospital Guam), and Lt. Stephanie Ryan (1960 Critical Care Nurse, Naval Medical Center San Diego), as well as Expeditionary Resuscitative Surgical System (ERSS) 14, with Cmdr. Travis Fitzpatrick (1972 Certified Registered Nurse Anesthetist, Naval Hospital Camp Pendleton) and Lt. Cmdr. Beyonava Kendall (1945 Emergency Room Nurse, Naval Hospital Camp Pendleton)/Released

Submitted by Capt. Suzanne Fierros

Catharyn Nosek
Lt. Cmdr., NC, USN
ERC Program Director
Alpha Surgical Company

2nd Medical Battalion's New ERC Program Director is Increasing Capabilities While Enhancing Quality and Safety Standards

The En-Route Care (ERC) Program at 2d Medical Battalion is comprised of a dynamic group of nurses and corpsmen spanning across two geographically separate locations, Camp Lejeune, NC and Portsmouth, VA. Members remain clinically prepared and at the ready to support II Marine Expeditionary Force multinational missions. **Lt. Cmdr. Catharyn Nosek**, ERC Program Director, Alpha Surgical Company, has worked to significantly increase operational readiness and deployment capabilities for 2d Medical Battalion by identifying critical training gaps, developing a BN ERC SOP, and authoring a memorandum focused on enhancing the capabilities of the nurses and corpsmen who comprise the ERC team. **Lt. Cmdr. Nosek** utilized her expertise to streamline the flight physical process and worked in conjunction with Aviation Medicine to develop a "Rodeo Day" in which the unique needs of ERC members requiring Class V flight physicals are addressed. Her influence resulted in all members receiving current DD2992 UpChits and Class V flight physicals, with minimal interruption.

Additionally, twice a year, 2d Medical Battalion ERC Program collaborates with 2d Marine Logistics Group, 2d Marine Air Wing, Expeditionary Medical Force- KILO, Naval Medical Center Camp Lejeune's Simulation Center, and Motor-T to engineer a centralized local three-week ERC course. The ERC course engages students on a full mission aboard a live aircraft, which focuses on preparing 12 corpsmen for the challenges of patient movement at point of injury, assessment skills, lifesaving interventions through the continuum of care. Members who successfully complete the rigorous local ERC course are afforded the opportunity to attend the Flight Medic Course (FMC) and the Joint En Route Care Course (JECC). Adding the local course as a pre-requisite has significantly increased the pass rate of both FMC and JECC.

Lt. Cmdr. Nosek also used her leadership and experience to establish and forge a new relationship with Naval Medical Center Camp Lejeune's Interfacility Transport Team (IFTT) and Simulation Center. Alpha Company's ERC medical professionals completed a Certified Emergency Vehicle Operator course and participated in monthly clinical sustainment shifts with the IFTT, where they perform real-world patient transports. These experiences and training opportunities ensure members are appropriately ERC trained and provides them the ability to take their rotary wing transportation skill set with them to their next command.

Her commitment to readiness has led to seven 2d Medical Battalion members attending JECC and FMC, over a short five-month duration. Her leadership has been pivotal to operational efficiency, revealed through the ERC Program re-alignment, a fully staffed ERC table of organization, and ensuring Corps staff have a program of record on file to be utilized at future commands is a testament to her commitment to Navy Medicines North Star.

Lt. Anna Els (right), 2d Med Bn, Alpha Co, and Hospital Corpsman Second Class Ian Schmidt (left), 2d Med Bn, Alpha Co, provide simulated patient care during BOLD QUEST 24, a multinational mission at Camp Lejeune, NC/Released

CNO IN THE SPOTLIGHT

HOW USNMRTC YOKOSUKA BUILDS READINESS

Submitted by Capt. Karen Belcar

Katherine Gelenter
Cmdr., NC, USN
Chief Nursing Officer
USNMRTC Yokosuka, Japan

Strengthening Navy Medicine's readiness posture hinges on critical priority: the comprehensive enhancement and standardization of clinical readiness skills and the cultivation of an expeditionary mindset throughout our entire medical force. This necessitates a specific focus on building confidence and competence in austere and forward operating environments, ensuring our personnel are prepared to deliver high-quality medical care under the most challenging circumstances.

Advancing efforts are as follows: Multidisciplinary and multilateral drills simulate realistic deployment scenarios, fostering seamless teamwork and decision-making under pressure. Unit Base Practice Councils are being initiated and expanded to bolster deckplate engagement, empowering frontline personnel to identify and address challenges within their immediate spheres of influence. Furthermore, strategic Host Nation partnerships with institutions such as Yokohama University, Yokosuka General Hospital, and NTT Tokyo Hospital are engaged to strengthen collaboration by facilitating the academic exchange of best practices and further enriching our medical expertise.

Integral to this readiness effort is the development of the next generation of Navy Nurse Corps leaders. My approach to mentoring is grounded in the lessons learned from my own mentors and my experiences as a direct accession, providing a solid foundation for guiding future leaders. At the core of my mentorship philosophy lies the enduring principle of "Ship, Shipmate, Self." This guiding ethos emphasizes that it is everyone's responsibility to care for the SHIP – the mission, the command, and the family – ensuring its continued success. Equally important is caring for our SHIPMATES, treating all individuals with dignity, fairness, and respect. This requires fostering a strong sailorization process, coupled with robust personal and professional development opportunities across all ranks. Finally, we must hold ourselves accountable, always putting our best foot forward and always maintaining a state of fitness and readiness.

Looking ahead, our enterprise is embracing rapid changes in telehealth, revolutionizing both outpatient and inpatient care. We are actively rolling out expansion packages on virtual health, leveraging innovative telehealth solutions to address staffing gaps and improve access to care. In Yokosuka and our seven Branch Clinics, we heavily rely on our ICU VTC capabilities to increase our case mix complexity and bolster the patient population that we can effectively care for. This commitment to innovation and adaptation will be essential to meeting the evolving healthcare needs of the Fleet and Marine Force, ensuring our continued readiness to serve our nation with distinction. Through these efforts, Navy Medicine remains steadfast in its commitment to providing the highest quality care, anywhere, anytime.

OFFICER IN THE SPOTLIGHT

IT'S NEVER TOO LATE TO FOLLOW YOUR DREAMS

Submitted by Lt.J.G. Maria Falcon

Maria Teresa Falcon
Lt. J.G., NC, USN
NMRTC San Diego

1. What is your clinical specialty or area of professional focus, and what motivates you to serve in that specialty within the Navy Nurse Corps?
I'm an RN on the Postpartum Unit at Naval Medical Center San Diego. I truly enjoy caring for our active-duty members and their dependents in those precious hours after delivery. Whether they are welcoming their first child or their fifth, my goal is not only to provide clinical care, but also to support the family, answer questions, and offer education to help them transition into parenthood. What motivates me most is seeing my "mom" feel confident and ready for discharge, knowing that we have done everything we can to prepare her for success.

2. What inspired you to join the United States Navy, and how has your experience as a Navy Nurse Corps officer shaped you personally and professionally?
My inspiration to join the military comes from my husband. Serving in the military is something I had always wanted to do. In 1998, I went through MEPS and did my first "duck walk." At the time, my son was just 1½ years old, and my husband was active duty. After discussing the pros and cons of being dual-military; especially the possibility of both of us deploying simultaneously, I decided it wasn't the right time for our family. In 2012, a year after my husband retired from the Air Force after 22 years of service, I decided to pursue nursing school. I completed my LVN program, went straight into an associate's program, and graduated with my RN. After working several years at a children's hospital, I returned to school to earn my bachelor's degree in nursing. Two years ago, a friend told me the Navy offered an age waiver for nurses with degrees. She gave me the recruiter's contact information, and I reached out the very next day. Knowing this had been a dream of mine for over two decades, I had to try. On my 31st wedding anniversary, at the age of 53, I proudly signed my Oath of Office. I am beyond grateful for the opportunity to grow both personally and professionally.

3. When you think about your future in Navy Medicine, what legacy do you hope to leave—particularly regarding readiness, patient care, and the development of the next generation of Navy nurses?
Coming into the Navy at my age, the legacy I hope to leave is this: never allow yourself to be limited by age. The amount of training and support I've received in just these first six months has been incredible. The Navy invests deeply in its Nurse Corps to ensure we have the knowledge and skills necessary to be mission-ready—and I am honored to be part of that mission.

BEYOND THE BEDSIDE: NAVY NURSES AT THE HELM

Submitted by Capt. James Ketzler

James A. Ketzler
Capt., NC, USN
Executive Officer
USNMRTC Guantanamo Bay

FROM THE ENGINE ROOM TO THE EXECUTIVE SUITE!
A Clinician's Place is in the Boardroom

Leadership is often described as a journey, not a destination. As the Executive Officer at U.S. Navy Medicine Readiness and Training Command, Guantanamo Bay, this sentiment resonates deeply with me. My own path began not at the bedside, but rather amidst engine rooms and upon deck plates in the Navy as a junior sailor where I gained an appreciation for discipline and attention to detail. This foundation, combined with years of progressive leadership training and experience as a nurse, has taught me a fundamental truth that guides my decision-making now: strategic decisions made in the boardroom have a direct and profound impact on the caregiver at the front line and, consequently, those they care for.

While many perceive a chasm between the bedside and the executive suite, I see a vital bridge. My experiences as a Naval Officer and a nurse leader, both in medical treatment facilities and on deployment, have repeatedly reinforced this conviction. This perspective is a constant reminder that as Navy Medicine leaders, our primary duty is to ensure every decision supports our caregivers and warfighters. It compels us to move beyond spreadsheets and reports to guarantee that those on the front lines have every resource needed to accomplish their mission.

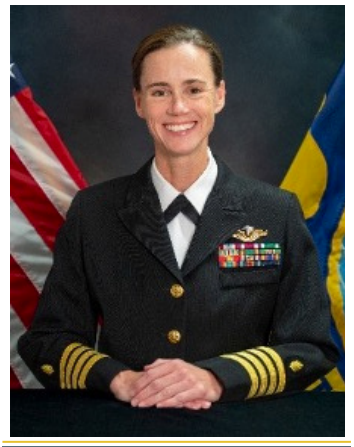
At U.S. NMRTC Guantanamo Bay, this viewpoint is paramount. The command operates at the critical intersection of operational readiness and community healthcare in an austere environment where leadership decisions must be precise. Bringing a Navy Nurse's voice to the executive table ensures our command remains agile, ready, and mission-focused. The future of Navy Medicine depends on leaders who can seamlessly translate clinical reality into executive strategy, ensuring our most important mission—caring for our people—is never a line item, but the unwavering principle that guides us.

Capt. James A. Ketzler standing with command of NMRTC Guantanamo Bay in front of Naval Hospital Guantanamo Bay. April 20, 2026/Released

RETENTION IN ACTION

POLICY & PRACTICE

SETTING THE STANDARDS



Colleen Blosser
Capt., NC, USN
Policy & Practice
Navy Nurse Corps

Hey there, I'm Colleen Blosser, Nurse Corps Policy & Practice! To give you a little background on my Navy journey, I started out working as a Labor and Delivery Nurse and Adult Critical Care Nurse. After my third duty station, I went through the DUINS program to become an L&D Clinical Nurse Specialist—and that's where I truly found my passion. I love the fast-paced challenge of high-acuity OB care, especially when it comes to improving how our multidisciplinary teams care for our patients and how we support nurses through better research, policies, and education.

Before stepping into my current role, I had the privilege of serving as the Labor and Delivery and Neonatal Critical Care Specialty Leader. Today, I'm incredibly grateful to be a part of the team in the Nurse Corps front office.

As Nurse Corps Policy and Practice, I help ensure that professional nursing standards remain consistent, current, and aligned with the highest expectations across Navy Medicine. The work is both challenging and rewarding, offering the opportunity to shape policies and requirements, as well as contribute to initiatives that strengthen the Nurse Corps and support the delivery of world-class care.

In this role, I am responsible for:

- Developing, implementing, and refining policies related to professional nursing practice, licensure, advanced practice roles, and compliance with national standards.
- Conducting strategic communication and issue analysis, and preparing issue papers, briefs, and congressional reports on nursing and clinical practice.
- Serving as the principal advisor and liaison to Specialty Leaders and regional or enterprise nursing leadership on nursing policy and practice matters.
- Providing subject matter expertise and support to Chief Nursing Officers on policy and practice inquiries.
- Collaborating with BUMED directorates (N-codes) to address issues involving quality, legal considerations, training, and manpower.
- Facilitating the exchange of clinical and policy information across Navy Medicine, OPNAV, DoD, and other key stakeholders.
- Coordinating the annual CNO/Specialty Leader Symposium and serving as the senior leader liaison for professional development programs.

SPECIALTY LEADER UPDATE

1910 MEDICAL-SURGICAL NURSING
BACKBONE OF THE FLEET

Submitted by Cmdr. Courtney Powell

Courtney Powell
Cmdr., NC, USN
Specialty Leader
1910

Greetings from the 1910 Medical Surgical Community!

Representing the backbone of Navy nursing at 660 strong, our Medical Surgical community has a large footprint across Military Treatment Facilities (MTFs), Branch Medical Clinics, and Operational Platforms, both CONUS and OCONUS. Notably, the first 1910 nurses will report to 7 LPDs across the fleet this summer, with more operational opportunities on the horizon. Given the increased readiness posture, our community will serve as trailblazers participating in the evaluation and certification of the Expeditionary Medical Unit platform, directly enhancing our operational medical posture at sea.

Over the past year, our specialty has seen remarkable growth, increasing from 59% to 74% manned.

This success is a direct testament to our aggressive recruitment efforts and the strategic utilization of the 1910 SSC for direct accession nurses, bringing vital new talent into our ranks.

To ensure our nurses maintain high clinical proficiency and mental agility, we are actively exploring innovative skill sustainment opportunities. By leveraging civilian partnerships, Temporary Additional Duty (TAD), troop-to-task assignments, and advanced simulation—especially for personnel at smaller MTFs—we are building a highly adaptable and resilient workforce. By providing diverse career pathways across both traditional MTFs and emerging EXMED platforms, we offer dynamic and rewarding career progression. Investing in our nurses through robust civilian partnerships and skill sustainment programs ensures they remain professionally challenged, valued, and committed to the Navy mission. The 1910 community remains dedicated to operational excellence. Through these targeted initiatives, Medical Surgical nursing continues to strengthen the Nurse Corps, ensuring we remain an agile, highly trained force ready to support the warfighter anywhere in the world.

SPECIALTY LEADER UPDATE

1940 PUBLIC HEALTH NURSING
PROTECTING THE FORCE BEFORE THE FIGHT

Submitted by Cmdr. Jenny Paul

Jenny Paul
Cmdr., NC, USN
Specialty Leader
1940

Navy Public Health Nursing has a unique lens that allows our small but mighty community to frequently conduct work beyond the confines of the military treatment facility and direct patient care delivery. As a specialty, we focus on prevention, education, population health, and emergency preparedness, with an advanced understanding of social determinants of health impacting military readiness and community outcomes. Whether supporting operational units, installations, vulnerable patient groups, or overseas humanitarian missions, Navy Public Health nurses contribute to force health protection for our military teams, their families, and global populations.

We have the expertise to rapidly respond to public health threats, outbreaks, or disasters. Our training and expert collaboration with public health stakeholders allows us to adapt quickly in dynamic environments and provide health risk communication to the operational, government, and international stakeholders. Consistently working at the top of our scope, Navy Public Health Nurses may support outreach to Department of War Education Activity schools, execute deployment vaccine campaigns, and manage complex public health threats such as lead based paint and latent tuberculosis. These activities foster trust between military and civilian agencies and demonstrate the need for a nursing team proficient in both clinical and community skillsets.

Through consistent application of evidence-based practice, health promotion initiatives, and community engagement, Public Health nurses operate at the speed of relevance, analyzing trends, developing prevention strategies and educating service members and leaders on topics such as infectious disease prevention, occupational health, mental wellness, and healthy lifestyle practices. By addressing both individual and population health needs, we holistically address health disparities and social factors that impact our military teams in and outside the healthcare setting.

Public Health nurses foster strong support systems, advocate for patient well-being, and help military communities navigate stress and changing healthcare and environmental challenges. Our unique perspective, adaptability, and commitment to the domains of public health ensure that our Navy assets and partners are prepared to meet mission requirements worldwide.

If you are interested in learning more about our dynamic specialty, please contact the Specialty Leader team: **Cmdr. Jenny Paul** and **Cmdr. Laurabeth Brogdon**.

SPECIALTY LEADER UPDATE

1950 PERIOPERATIVE NURSING
RAISING STANDARDS IN PERIOP

Submitted by Cmdr. Jennifer Francis

Jennifer Francis
Cmdr., NC, USN
Specialty Leader
1950

Clearing the Air: How Our Perioperative Community Is Redefining Navy Medicine

Behind every readiness metric, there is a face, a team, and a relentless drive. Our perioperative community (1950) is the heartbeat of this effort, proving that being Ready, Relevant, and Resilient isn't just a guiding principle—it is how we care for our patients and look out for one another. It is embraced.

Clinical excellence thrives when we protect the people doing the work. I am incredibly proud that 52% of our MTFs have earned the AORN Go Clear designation, clearing the air and eliminating toxic surgical smoke from our ORs. Highlighting this safety push on the national stage, **Lt. Cmdr. Erin MacDonald** beautifully represented the Navy Nurse Corps at the AORN Conference, presenting her Walter Reed research on evidence-based smoke evacuation. When you pair that healthy workspace with the fact that 80% of our perioperative nurses are nationally AORN certified, it is clear our community is passionately investing in their craft.

Look no further than NMRTC Camp Pendleton to see this high-performing culture in action. Through incredible teamwork, their staff drove Main OR utilization from the mid-40s to an exceptional 72%, decreasing patient wait times and acing their Joint Commission survey with an A+ score. This is a testament to how far our global collaboration has come. By actively reducing clinical variability and supporting our sister MTFs worldwide, our OR and SPD teams are helping other commands pass their surveys with confidence, while crossing department lines to improve water quality and integrate elite safety standards.

We are also deliberate with putting the best tools in our experts' hands. Great Lakes just launched their Da Vinci robotic surgery program, while NMRTC Portsmouth doubled its robotic capacity and brought in cutting-edge ortho-surgical and cancer-staging tech to directly elevate patient outcomes. Of course, true innovation is about mindset, not just machinery. A massive shout-out to **Lt. Michael Moeller** and **Cmdr. Aaron Johnson** (NMRTC San Diego) for capturing First Prize in the DHA-PR CPI competition with their game-changing "Perioperative Expeditionary Readiness Course."

NMRTC Bremerton receives AORN's Go Clear Award

(continued on next page)

PERIOPERATIVE PATIENT ADVOCATES

None of this happens in a vacuum, and our 1950s have certainly faced—and conquered—their share of trials and tribulations along the way. By partnering with Balboa Naval Hospital and the VA, Camp Pendleton successfully broke down silos, decreased backlogs, and expanded our shared footprint. I extend my deepest gratitude to our senior 1950 leaders who continue to provide mentorship, and to our Department Heads who navigate challenging decisions daily to support our teams. Most importantly, thank you to all 254 of our 1950s who courageously step up and advocate for our patients. Thank you for showing up for them, and for each other, every single day—you are the heart of Navy Medicine, and the reason our medical force remains an absolutely elite team we are all so proud of!

Cmdr. Jaime York and Hospital Corpsman First Class Zaccheus Slaton manning the Navy NC recruiting booth at the Association of Operating Room Nurses (AORN) Global Surgical Conference in New Orleans, LA from April 11-14, 2026/Released

SPECIALTY LEADER UPDATE

3130 HEALTHCARE BUSINESS ANALYTICS COMMUNITY

TURNING DATA INTO READINESS

Submitted by Cmdr. Raben Talvo

Nurse Corps HBA Community Hosts DUINS Roadshow to Support Career Development

The Navy Nurse Corps Healthcare and Business Analytics (HBA) community hosted a virtual Duty Under Instruction (DUINS) Roadshow on May 15, 2026, connecting nurses with advanced education opportunities that support career growth, leadership development, and operational readiness. The event was attended by 77 participants and featured program directors from the Army-Baylor University Graduate Program in Health and Business Administration, the Naval Postgraduate School, and the University of San Diego. The directors provided an overview of graduate education opportunities, application timelines, and program expectations, while current students shared firsthand experiences about the transition into DUINS and the operational impact of HBA within Navy Nursing. The session helped nurses make informed decisions about their professional development by highlighting career opportunities beyond traditional clinical roles. Discussions emphasized how HBA nurses contribute across healthcare leadership, manpower planning, analytics, informatics, and systems-level decision-making; areas that remain essential to patient care, mission readiness, and the broader healthcare enterprise. The roadshow directly supported the Nurse Corps strategic goal of retention by increasing awareness of advanced education opportunities and reinforcing the breadth of meaningful career pathways available within Navy Nursing.

Navy Medicine Leaders Advance Readiness and Innovation on National Stage

Navy Medicine leaders were recently recognized and featured at national healthcare conferences for efforts supporting operational readiness, leadership development, and the future of military medicine.

At the 2026 American College of Healthcare Executives (ACHE) Congress on Healthcare Leadership, **Capt. Kim Shaughnessy-Granger** received the Regent's Senior-Level Healthcare Executive Award, recognizing sustained excellence in healthcare leadership, mentorship, and mission-focused care. As Commander of Navy Medicine Readiness and Training Command Portsmouth and Director of Naval Medical Center Portsmouth, she leads more than 4,700 personnel supporting expeditionary medicine and regional beneficiary care.

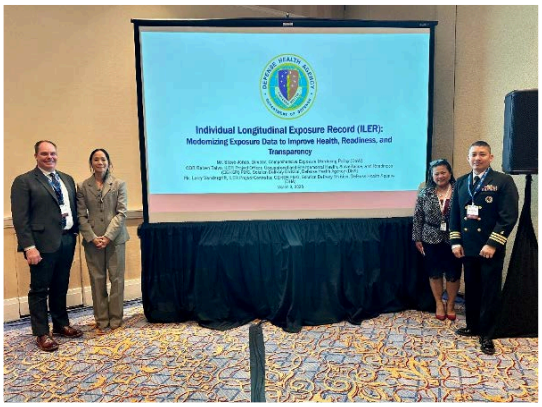
At the 2026 AMSUS Annual Meeting, **Cmdr. Raben Talvo** presented ongoing modernization efforts related to the Individual Longitudinal Exposure Record (ILER), focused on improving how occupational and environmental exposure data supports clinical decision-making, force health readiness, and long-term care for Service Members and Veterans. **Lt. Cmdr. Erik Lawrence** also highlighted Navy Medicine's Joint Operational Medicine Information Systems (JOMIS) implementation efforts and the importance of accessible, integrated data in supporting operational medicine across deployed and expeditionary environments.

Capt. Kim Shaughnessy-Granger receiving her award from Cmdr. Jessica Atterbury (Navy Regent) and Rear. Adm. Matthew Case. Photo by Lt. Cmdr. A. Abreu/Released

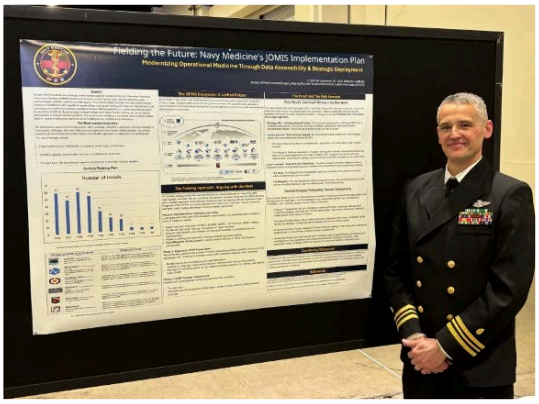
Together, these engagements reflect Navy Medicine's continued focus on readiness, innovation, and resilience—developing leaders, strengthening operational capabilities, and improving how healthcare information supports the warfighter at home and forward deployed.

SMALL BUT MIGHTY...

Submitted by Cmdr. Raben Talvo



ILER Program Management Office Team: Larry Vandergrift, Cecilia Lichtenstein, Madeleine Friedman, and Cmdr. Raben Talvo presenting a panel session at the 2026 AMSUS Annual Meeting. Photo by Cmdr. R. Talvo/Released



Lt. Cmdr. Erik Lawrence on his poster presentation: Fielding the Future: Navy Medicine's JOMIS Implementation Plan. Photo by Lt. Cmdr. E. Lawrence/Released

"Small but Mighty" Nurse Corps Manpower Team Demonstrates Enterprise Impact

The Navy Nurse Corps manpower team recently presented at the 2026 Chief Nursing Officer (CNO) and Specialty Leader (SL) Symposium, highlighting the critical role manpower planning plays in supporting operational readiness, force generation, and the long-term sustainability of Navy Nursing.

Representing multiple manpower and personnel management functions across the enterprise, the team provided updates on force shaping, inventory management, billet alignment, expeditionary medicine requirements, and workforce planning strategies designed to ensure the right nurses are in the right place at the right time. Discussions included manpower requirements reviews, fit-to-fill analysis, specialty code management, additional qualification designation tracking, and identifying personnel with the knowledge, skills, abilities, and clearances required to meet mission needs.

The symposium also highlighted EXMED platform laydown planning, force generation processes supporting the Optimized Fleet Response Plan, collaboration with Navy Manpower Analysis Center, community management strategies, monthly Nurse Corps reporting tools, and efforts to improve personnel visibility and distribution planning across the force.

Though small in numbers, the Nurse Corps manpower team continues to deliver enterprise-wide impact by helping shape a ready, resilient, and sustainable nursing force capable of supporting both patient care and operational missions worldwide. Their work directly supports Nurse Corps strategic goals tied to readiness, retention, and resilience by ensuring Navy Nursing remains aligned to mission requirements while strengthening workforce planning and long-term force sustainment.

Right Photo from Left to Right: Lt. Cmdr. Christie Hoban (Branch Head, BUMED N12 Programming and Analysis), Cmdr. Tatiana Crosby (BUMED NC and MC Personnel Planner), Capt. Heather Ray (BUPERS-311NC Medical Department Community Manager), Lt. Cmdr. Mary Looker (Director, BUMED N35), and Cmdr. Jessie Peralta (Deputy Director, NAVMAC Jacksonville)/Released

RETENTION IN ACTION

NC RESERVE AFFAIRS OFFICER INTRODUCTION

ONE CORPS, ONE MISSION

Amy Loesche
Capt., NC, USN
Reserve Affairs Officer
Navy Nurse Corps Reserve

Hello, Nurse Corps colleagues! I am CAPT Amy Loesche, your Nurse Corps Reserve Affairs Officer (RAO). I am coming up on my 27-year anniversary in the Navy Nurse Corps, having spent the last 20 years as a Reservist! And yet it feels like yesterday that I was an Ensign at the National Naval Medical Center in Bethesda (now Walter Reed National Military Medical Center).

This career has provided me with so many incredible experiences and opportunities, including my path to perioperative nursing, having been one of the Reservists fortunate enough to attend the Navy's Perioperative Training Program! Serving as the RAO has been the honor of my life! In my current role, I do a little bit of everything, including….

- Support and advise our flags on all matters pertaining to the RC NC
- Community management: facilitate and support Corps programs, SEs, SLs, Council of Captains
- Career planning, practice, and performance policies
- Advise/Council on career development and educational opportunities
- Credentialing advisor: facilitate redesignation, advise CCPD, support NEC/MEC members, support sailors
- Billet management: advise on JOAPPLY and APPLY, review NC manning and advise on force structure, fit to fill assessment, billet assessment/RFAS codes
- Record management (SSCs, some AQDs, some NOBCs)
- Accession planning
- Leadership development
- Sponsor for Strategic Goal Groups

We have had so many changes, realignments, and transitions lately. I know it has been challenging and at times frustrating. It has been helpful for me to remember that there will always be things that remain the same, as core aspects of our Nurse Corps foundation, despite the turmoil and upheaval that may be swirling around us.

- Our Navy values, honor, courage, and commitment, remain unchanged and immovable.
- We must prioritize continuous professional learning; it nurtures our growth and development, and it allows us to serve as role models for our shipmates.
- Taking leadership roles early and often is essential.
- As a general rule, if you aren't uncomfortable, you aren't growing.
- Don't be discouraged if you aren't selected for an opportunity. A new and perhaps better opportunity for you might be just around the corner!
- No one can care about your career more than you, but trust me, there are people out there who will try!

Thank you for your patience during all the churn! I appreciate you so much!

And a huge thanks to our AC and RC newsletter editors for all the work they have put in to getting this going again! We are so happy to have the Nurse Corps Newsletter back!

Very Respectfully,
Capt. Amy Loesche, DNP, RN, NEA-BC, NPD-BC, CNOR

1950 PERIOPERATIVE NURSING
READY WHEN CALLED

Submitted by Lt. Cmdr. Donnie Graening

Donnie Graening
Lt. Cmdr., NC, USN
Assistant Specialty Leader, 1950
Navy Nurse Corps Reserve

The Navy Nurse Corps was established 118 years ago in 1908 and continues to be a thriving Corps within the Navy. A strong group of these nurses is the Perioperative Nurses. These nurses are the Officers responsible for patient safety and surgical standards of care. It is a profession carried out behind closed doors, but their work is paramount.

As Reservists, it is often difficult to maintain readiness while working in a civilian position that may not provide definitive care for military casualties. To combat this problem, the nurses in the Reserves maintain their skills through continuing education, clinical sustainment, and embracing training opportunities with the active Navy.

The basic requirements for a Perioperative Nurse in the Navy are similar, if not identical, to those in the civilian profession. Reserve nurses are expected and tasked with seamlessly transitioning to military staff while on annual training, mobilization, or recall. **Lt. Cmdr. David Chase** recently accepted an indefinite recall to Naval Hospital Camp Lejeune. He stated that his *"civilian experiences have set me up for success"* and has enjoyed immediate success at his new command. **Lt. Cmdr. Donnie Graening** stated, *"I enjoy the training that the Navy has to offer. It is more combat-focused and keeps my skills sharp if the call does come in the future."*

1900D NURSING RESEARCH
BETTER TEAMS, BETTER OUTCOMES

Submitted by Cmdr. Sherita House

Sherita House
Cmdr., NC, USN
Specialty Leader
Navy Nurse Corps Reserve
1900D

Relational Coordination as a Framework for Operational Readiness

Operational readiness in austere expeditionary environments is not solely dependent on skills and training, but equally dependent on the quality of relationships and communication among sailors involved in patient care.

Relational coordination, a theory of the coordination of work among and between professionals in a workgroup, is a unique framework for enhancing operational readiness. Relational coordination encompasses four communication dimensions (frequent, timely, accurate, and problem-solving communication) and three relationship dimensions (shared goals, shared knowledge, and mutual respect). Relational coordination is essential for achieving desired outcomes when work is interdependent, uncertain, and time-constrained.

Healthcare professionals can apply relational coordination in austere expeditionary environments during prolonged casualty care when casualty evacuation is not an option, and there is an immediate need for treatment. In wartime, communication delays can be catastrophic, resulting in increased casualties. Relational coordination can help mitigate catastrophic events caused by communication delays and poor-quality relationships in various ways. Faster decision-making: The shared knowledge and shared goals dimensions of relational coordination can help healthcare professionals synchronize adjustments and maneuvers in patient care faster. Better interoperability: Understanding the roles and priorities of the healthcare professionals involved in patient care improves interoperability (shared knowledge, shared goals, mutual respect). Better performance outcomes: Relational coordination can help leaders better understand and improve key components of operational readiness, such as:

Do units share an operational understanding? (shared goals, shared knowledge) Can commands communicate rapidly and accurately? (frequent, timely, accurate, and problem-solving communication) Is there trust across specialties and Services? (mutual respect) Can teams adapt together under uncertainty? (both communication and relationship dimensions of relational coordination)

RC Dimension	Definition
Frequent Communication	How often professionals communicate regarding their work process.
Timely Communication	How soon professionals report significant information regarding a work process.
Accurate Communication	Precision of information communicated between professionals regarding a work process.
Problem-Solving Communication	The extent to which professional seek solutions instead of placing blame.
Mutual Respect	Valuing the work of other professionals.
Shared Knowledge	An understanding of the roles of the other professionals, including an awareness of who needs to know what, why, and when.
Shared Goals	An understanding of how each professional's work fits together with the work of other professionals in the same work process.

In summary, leaders should consider relational coordination a framework for improving operational readiness when caring for patients in austere, expeditionary environments. Implementing relational coordination can enhance interoperability and performance outcomes among healthcare professionals and synchronize adjustments and maneuvers in patient care more quickly.

RETENTION IN ACTION

CAREER PLANNER

CHARTING YOUR COURSE

Teresa Dent
Capt., NC, USN
Career Planner
Navy Nurse Corps

Greetings from the Nurse Corps front office. I am truly honored to introduce myself as your Navy Nurse Corps Career Planner. I am a board-certified Senior Nurse Executive and Psychiatric Mental Health Nurse and was previously the Chief Nursing Officer of NMRTC Bethesda, MD as well as Interim CNO for the National Capital Region.

My mission is to support professional growth, career development, and talent management of our Nurse Corps while ensuring the continued readiness and strength of our community.

My role is to provide guidance, resources and information to you to help you make informed decisions that align with both your personal goals and the needs of Navy Nurse Corps.

Specific responsibilities within my role include:

- Serves as the focal point for dissemination of NC career and leadership development information through lectures at Officer Development School, leadership courses, medical treatment facilities, and outreach efforts with non-Department of Defense entities.
- Serves as a senior member/president of the NC Professional Review Board (PRB), working with the NC Personnel Planner Officer Community Manager and Recruiting Command to set Direct Accession targets/goals.
- Coordinates the NC Health Professions Loan Repayment Program (HPLRP) and Redesignation Board, both geared for retention.
- Coordinates the RDML (ret) Mary Hall award for publication and the RADM (ret) Elizabeth Niemyer award for evidenced-based practice.
- Serves as Champion for both the NC Career Development Board (CDB) Program and the Nurse Residency Program (NRP).

I encourage you to take an active role in managing your career, understanding available opportunities, maintaining open communication and preparing for key career milestones. **YOU** (Navy Nurses) are my top priority.

My goal is to continue to support Navy Nurse Corps officers at every stage of their careers.

RETENTION IN ACTION

CAREER DEVELOPMENT BOARD PROGRAM

DELIBERATE DEVELOPMENT

Submitted by Cmdr. Amy Barendse and Lt. Cmdr. Ruth Murphree

Amy Barendse
Cmdr., NC, USN
Nurse Corps Assignments
Navy Personnel Command

Ruth Murphree
Cmdr., NC, USN
NEMWDC
Camp Pendleton

Nurse Corps Post-Career Development Board (CDB) Survey

Career Development Boards (CDB) ensure Nurse Corps (NC) Officers have an opportunity to engage in deliberate developmental conversations with experienced Senior Officers to capitalize on how to improve past performance, maximize future performance, ensure official records are up-to-date, seize advanced educational and/or certification opportunities, plan assignment experiences, target key milestones, and intentionally plan personal development activities to execute short- and long-term goals. By leveraging resources and tools already available and incorporating them into the CDB conversation, Officers can enhance their development opportunities while strengthening the NC community. These meaningful and personalized mentorship opportunities between Senior Officers and members can cover a variety of themes, including a focus on how to maintain clinical **READINESS** and foster **RESILIENCE**, while supporting the **RETENTION** of our nurses.

When should you have a CDB?

- CDBs are required for all O1-O4 nurses (and highly encouraged for O5/O6) within 180 days upon reporting to a new command. CDBs are also encouraged for members who are board eligible, failure to select, interested in applying for milestone positions/DUINS, redesignated to a new SSC, recently promoted, or pending separation/retirement.
- How do I request a CDB or volunteer to support CDBs?
  - Each MTF/Med Bn has a designated CDB Command Coordinator who helps schedule CDBs. Members outside of MTFs can also request a CDB via NSIPS.

Special shout out to the following commands who have achieved >90% completion rate for CDBs:

NMOTC (100%)
NMRTC Beaufort
NMRTC Camp Lejeune
NMRTC Cherry Point (100%)
NMRTC Jacksonville
NMRTC Oak Harbor (100%)
NMRTC Quantico (100%)
USNMRTC GITMO (100%)
USNMRTC Guam
USNMRTC Naples
USNMRTC Sigonella

BZ to **Cmdr. Liza Stone** and **Cmdr. Rachael Wheelous** (NMRTC Portsmouth) for the following feedback via the CDB survey: **Cmdr. Stone** and **Cmdr. Wheelous** were great and very informative!

We want your feedback! If you have recently had a CDB or have input on how to make the CDB program more impactful, please provide feedback using our QR code.

UPCOMING TRAINING OPPORTUNITIES

Course Name	Start Date	End Date	Location	Registration
Senior Leadership Course (SLC)	Aug 31, 2026	Sep 4, 2026	Virtual	CeTARS/eNTRS
Fundamentals of Global Heath Engagement (GHE 201)	Sep 7, 2026	Sep 11, 2026	Virtual	Website
Senior Leader Legal Course (SLLC)	Sep 22, 2026	Sep 24, 2026	Virtual	CeTARS/eNTRS
Commander Amphibious Task Force Surgeon Course (CATF0-S)	Sep 21, 2026	Oct 2, 2026	San Diego, CA	CeTARS/eNTRS

RECRUITMENT IN ACTION

FROM THE FLEET

MEETING TOMORROW'S NAVY NURSES

Submitted by Cmdr. Raben Talvo

The U.S. Navy Nurse Corps supported the 2026 National Student Nurses' Association (NSNA) Annual Convention in Houston, Texas, from April 8–11 as part of Navy Recruiting Command's outreach efforts. **Capt. Melissa Troncoso, Cmdr. Raben Talvo, Lt. Rachel Martin, Lt. Jennifer McCarroll, and Lt. J.G. Kyle Gross** represented Navy Medicine, engaging with nursing students, faculty, and professional partners from across the country. Throughout the convention, the team connected with students exploring career options and shared firsthand perspectives on Navy Nursing, including clinical practice, deployments, leadership opportunities, graduate education, and professional growth. Students responded strongly to authentic conversations with Navy nurses who could speak not only to the mission, but also to the people and purpose behind the uniform. *"As a newer Navy nurse, I think students appreciated hearing an honest perspective from someone who recently made that same transition from nursing school into practice,"* said **Lt. J.G. Kyle Gross**. "A lot of the conversations weren't just about jobs; they were about purpose, growth, and the kind of nurse and leader they wanted to become." **Lt. Jennifer McCarroll,** who practiced as a civilian nurse before joining the Navy, also helped students understand the difference between civilian and military nursing. "Civilian nursing gave me a strong clinical foundation, but the Navy opened doors to leadership opportunities, operational experiences, and professional growth I never imagined early in my career," she shared. This engagement directly supported the Nurse Corps strategic goal of recruitment by increasing visibility of Navy Nursing at a critical point in students' career decision-making. In a competitive healthcare market, events like NSNA help future nurses see Navy Medicine as a pathway where clinical skill, leadership, and purpose come together.

From L to R (in uniform): Cmdr. Raben Talvo, Lt. J.G. Kyle Gross, Lt. Rachel Martin, Lt. Jennifer McCarroll, Capt. Melissa Troncoso, together with Navy Talent Acquisitions Group (NTAG) Houston, VML Advertising, and Ten Point Media, Inc. The success and energy of this event were made possible through true teamwork, shared purpose, and a collective commitment to connecting future nurses with the opportunities available in the Navy Nurse Corps. Photo by M. Koury/Released

From R to L, Lt. Rachel Martin and Lt. Jennifer McCarroll joined Sarah King on the Nursing Navigator Podcast to share their Navy nursing journeys, the opportunities within the Navy Nurse Corps, and words of encouragement for students considering a path in Navy nursing. Photo by Cmdr. R. Talvo/Released

Capt. Melissa Troncoso sharing opportunities, purpose, and impact of serving in the Navy Nurse Corps at NSNA Annual Convention. Photo by Cmdr. R. Talvo/Released

Lt. Rachel Martin and Lt. J.G. Kyle Gross connecting with nursing students at the NSNA Annual Convention and sharing the many pathways and opportunities within the Navy Nurse Corps. Photo by Cmdr. R. Talvo/Released

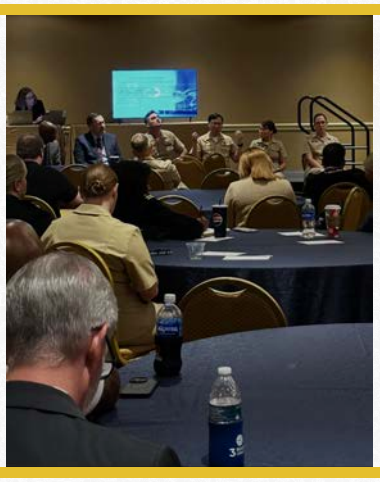
FROM THE FLEET
HIGHLIGHTING THE CRITICAL NEED FOR INFORMATICISTS

Submitted by Cmdr. Raben Talvo and Cmdr. Andrew Veilleux

Cmdr. Raben Talvo and **Cmdr. Andrew Veilleux** shared an article, "*Highlighting the Critical Need for Informaticists in the Military Health System*," which discusses the growing importance of informaticists in supporting the Military Health System's mission and operational readiness. The article was co-authored by military medicine leaders, including our own **Cmdr. Stats** and **Cmdr. Allbaugh**. The authors highlight how informaticists translate clinical and operational data into actionable insights, improving patient safety, supporting clinical decision-making, and enabling readiness across deployed and garrison environments. As the Military Health System becomes increasingly digital, the article underscores the need for formalized informatics roles, standardized training pathways, and dedicated billets to ensure the system can keep pace with operational demands and future conflicts.

ABSTRACT
As healthcare systems evolve to integrate digital technologies, the Military Health System (MHS) faces unique challenges requiring specialized expertise in health informatics. Health informatics enables the optimization of workflows, enhances patient safety, and supports operational readiness by transforming data into actionable insights. This manuscript discusses the critical role informaticists play in supporting the mission of the MHS by improving clinical outcomes, facilitating health data interoperability, and advancing medical research. Despite their pivotal role, the informatics workforce across the military services is inconsistently tracked, leading to significant gaps in resource allocation and strategic planning. Quantitative estimates suggest that while the Navy and Air Force have recognized informaticists through specific qualification designators and special experience identifiers, formal designation and dedicated billets remain limited, particularly in the Army. Barriers such as budget constraints, reliance on collateral duties, and lack of unified policy frameworks impede progress. To address these challenges, this article recommends establishing formal informatics subspecialties, developing standardized education pathways, and designating specific billets across the Services. It also proposes a vision where informaticists are embedded throughout the MHS, enabling predictive health models, interoperability with Veterans Affairs systems, and real-time decision support in deployed environments. Investing in a robust informatics workforce is not merely a technological enhancement but a strategic imperative essential for maintaining force health, medical readiness, and national security.

To read the full article:
Kilboy M, Garrison K, Stats S, de Geus J, Allbaugh N, Barnes M, Olson J, Walker J. Highlighting the Critical Need for Informaticists in the Military Health System. Mil Med. 2025 Nov 14:usaf558. doi: 10.1093/milmed/usaf558. Epub ahead of print. PMID: 41237380.



Defense Health Information Technology Symposium (DHITS) (2025): Conversations at DHITS reinforced many of the themes raised in the article, particularly the growing role of clinical informatics across the MHS. Leaders emphasized that informatics is not about technology for its own sake, but about turning information into action, supporting clinicians, strengthening readiness, and ultimately protecting the force. Photo by Cmdr. R. Talvo/Released

TSNRP Dissemination Course 2026 Navy Nurse Corps Evidence Based Practice Highlights: Translating Evidence into Practice

Submitted by CDR Shawna Grover

Improving Pediatric Blood Administration Safety During Trauma Resuscitation: An EBP Project

Emily Latimer, AGCNS-BC, CDR, NC, USN; Alison Fleer, CEN, CCRN, LT, NC, USN; Hope Newton, HM2, USN; Sarah Bush, ACCNS-AG, CDR, NC, USN

Contact us:

Problem/Background:

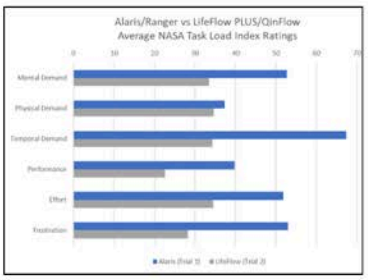
- MTF Level 3 Trauma Center lacked safe method for rapid delivery of warmed, filtered, volume-controlled blood products to pediatric patients during trauma resuscitation. Methods employed by Pediatric Trauma Centers were deemed unsafe in a low-volume setting with average of 10 pediatric blood units administered annually

Purpose/PICOT:

- For traumatically injured pediatric patients requiring emergent blood transfusion, how does existing practice of infusion pump and passive blood warmer (Trial 1: Alaris & Ranger) compared to a hand-pump rapid infuser system and portable high-flow blood warmer (Trial 2: LifeFlow PLUS & QinFlow Warrior Lite) affect ease of use, speed of administration, and volume control through a small gauge IV or IO?

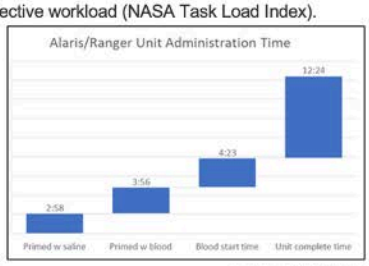
Intervention:

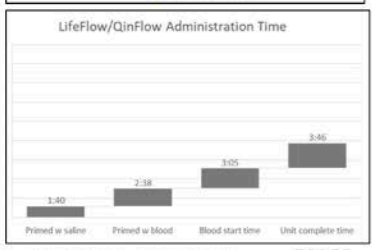
- Side-by-side timed trials to administer simulated 100 ml of blood & subjective workload (NASA Task Load Index).



Results:

- Time to administer blood (mean):
  Trial 1: 12.4 minutes, Trial 2: 3.77 minutes
- Subjective NASA-TLX Raw Workload ratings (mean):
  Trial 1: 50.33, Trial 2: 28.83
- Preferred System: 29/30 participants preferred Trial 2





Value to Military Nursing:

- Improved speed & ease of resuscitation in critically ill pediatric patients
- Potential to become en-route care blood administration system of choice

Funded by TSNRP Mini-EBP Grant #11408; eIRB Protocol: NMCCL.2025.L009
The views expressed in this poster are those of the authors and do not necessarily reflect the official policy or position of the Defense Health Agency, the Department of the Navy, the Department of Defense, or the United States Government.

UNCLASSIFIED

2026 TSNRP Research & Evidence-Based Practice Course

Strengthening the Force: How Simulation Training Elevates Military Nurse Readiness and Sustains the Mission

LCDR D. Czarzasty, Mrs. A. McGlynn, CDR S. Grover, CDR(Ret) A. Alvarado, CDR L. Stone

Problem/Background

Analysis of past NMCP Nurse Residency Program graduates' post Casey Fink data identified six areas that needed improvement.

PICO Question

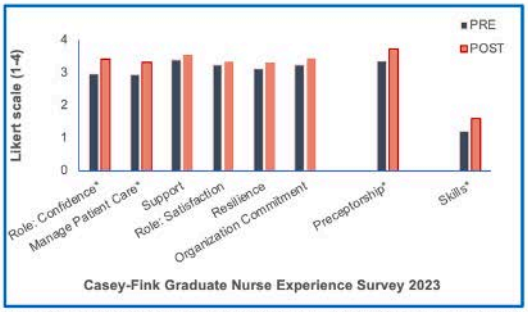
How does utilizing **(I)** General Nursing Skills and Combat Scenario Based Simulation impact **(O)** confidence and competence among **(P)** new military nurses compared to the **(C)** current practice?

Intervention

Implementation of enhanced general nursing skills using simulation scenarios and operational setting simulation application pulling the general nursing skills together.

Results

Shapiro-Wilks test: the data fields were found to be parametric ($p>.05$). Paired t-test: results found significance in change for Role Confidence ($p=.0005$), Manage Patient Care ($p=.0085$), Preceptorship ($p=.0201$), as well as Skills ($p<.0001$). All testing was conducted at the 95% level of Confidence.



Casey-Fink Graduate Nurse Experience Survey 2023

Value to Military

Ensuring new nurse graduates are equipped with the essential life-saving skills required in garrison and during forward deployments.

Contribute to Navy Medicine's mission of developing and delivering medical forces that generate, improve, and preserve the Naval human weapon system.

Disclaimers: The views expressed in this abstract reflect the results of research conducted by the author(s) and do not necessarily reflect the official policy or position of the Department of the Navy, Department of Defense, or the United States Government. **Copy Right**: CDR Shawna Grover, CDR Arturo Alvarado, CDR Liza Stone and LCDR Devon Czarzasty are military service members. This work was prepared as part of their official duties. Title 17 U.S.C. 105 provides that "Copyright protection under this title is not available for any work of the United States Government." Title 17 U.S.C. 101 defines a United States Government work as a work prepared by a military service member or employee of the United States Government as part of that person's official duties. **IRB Approval**: The study protocol was approved by Navy Medical Center Portsmouth. **Conflict of Interest**: Neither the authors nor their family members have a financial interest in any Commercial product, service, or organization providing financial support for this research. **Funding**: Tri-Service Nursing Research Program

UNCLASSIFIED

2026 TSNRP Research & Evidence-Based Practice Course

HAIL & FAREWELL TO YOUR CHIEF EDITORS!

Cmdr. Maggy Mitzkewich
NMRTC Bremerton

It is an incredible honor to serve as the next Editor-in-Chief of *The Oakleaf Newsletter*. Before looking ahead, I would like to express my sincere gratitude to Cmdr. McDowell for her outstanding leadership and dedication to this publication. I would also like to thank the amazing editorial team, the contributors who generously share their time and expertise to create informative content, and the Corps Chief Office, whose support makes this publication possible.

Since I was an ensign, this newsletter has been one of the first ways I learned about our Corps—its history, its people, and the remarkable work being done around the globe. It has helped shape my understanding of what it means to serve as a Navy nurse and how to navigate the many opportunities available to us.

As we look ahead, I'm excited to build on that legacy by sharing the stories that define who we are—our innovation, resilience, compassion, and commitment. I look forward to celebrating the incredible people who make our Corps exceptional.

Cmdr. Kara McDowell
NMRTC Quantico

It is with heartfelt gratitude that I thank the entire Nurse Corps for your unwavering enthusiasm and support for the newsletter and for all of the wonderful content you continue to send for publication. Your dedication and commitment to the Nurse Corps mission and esprit de corps shine through every issue.

Serving as Editor-in-Chief and overseeing the successful relaunch of *The Oakleaf Newsletter* has been one of the highest honors of my career. I would like to give a huge shout-out to the two newsletter teams I had the privilege to lead on this journey, as well as to those who came before us: your incredible talent and devotion to the newsletter have been inspiring, and I couldn't have done it without you. I also want to extend a special thank you to the Corps Chief office for their unyielding support and for providing me this opportunity for four years.

I wish Cmdr. Mitzkewich and the newsletter team all the best as they continue to showcase the vital work, leadership, and incredible spirit of the Nurse Corps. I'm confident they will elevate *The Oakleaf Newsletter* to even greater heights!

READINESS IN ACTION

well done!

BRAVO ZULU TO OUR NEW CERTIFIED NURSES!

CERTIFIED MEDICAL-SURGICAL REGISTERED NURSES

Lt. Hana Omodt, NMRTC Bremerton
Lt. Nicole Maldonado, USNMRTC Sigonella
Lt. J.G. Roxanne Benavidez, NMRTC San Diego
Lt. J.G. Vincent Delmundo, NMRTC San Diego
Lt. J.G. Travis Engel, NMRTC San Diego
Lt. J.G. Brianne McMahon, NMRTC San Diego
Ens. Patrick Miguel, NMRTC Ft Bevoir

CERTIFIED CRITICAL CARE NURSES

Lt. Salem Coley, NMRTC Camp Lejeune
Lt. J. G. William Meyer, 1st MED BN
Lt. Tyler Nichols, NMRTC Portsmouth
Lt. Joseph Roberto, NMRTC Guam
Lt. Jessica Shumate, EMU Jacksonville RC
Lt. J.G. Destiny Igbinoba, NMRTC Camp Pendleton
Ens. Susan Clark, NMRTC Jacksonville, FL

CERTIFIED AMBULATORY CARE NURSES

Lt. Tiffany Danowski, NMRTC Great Lakes

CERTIFIED EMERGENCY NURSES

Lt. Cindy Gallego, NMRTC Great Lakes
Lt. Jade Mccoy, NMRTC Great Lakes
Lt. Alyssa Nocum, NMRTC Camp Lejeune
Lt. J.G. Lila Ginsburg, NMRTC Portsmout
Ens. Rueben Palisoc, NMRTC San Diego
Ens. Shanori Stanley, NMRTC San Diego

CERTIFIED PSYCHIATRIC MENTAL HEALTH NURSES

Lt. J.G. Jose Onofre-Erostico, NMRTC San Diego
Lt. J.G. Troy Santamaria, NMRTC Portsmouth

CERTIFIED PERIOPERATIVE NURSES

Lt. J.G. Hadel Jake Koo, NMRTC Okinawa

CERTIFIED ADULT-GERONTOLOGY CLINICAL NURSE SPECIALIST

Lt. Karl Fune, NMRTC Twentynine Palms

BRAVO ZULU FOR YOUR ACCOMPLISHMENTS!

CONGRATULATIONS GRADUATES!

Lt. Nicole Maldonado, USNMRTC Sigonella, Master of Science in Nursing
Lt. Andrei F. Capule, USNMRTC Yokosuka, Master of Science in Nursing, Healthcare Systems Leadership
Lt. Quentin McDermott, USNMRTC Yokosuka, Master of Science in Health Informatics
Lt. Brigid Smith, NMRTU Groton, Doctor of Nursing Practice

SURFACE WARFARE MEDICAL DEPARTMENT (SWMDO)

Cmdr. Cheryl Castro, NMRTC San Diego
Cmdr. Angelita Kisena, NMRTC Camp Pendleton
Cmdr. Maggy Mitzkewich, NMRTC Bremerton
Lt. Riley Richter, NMRTC Pearl Harbor
Lt. J.G. Delaney Smith, NMRTC San Diego

THE NEWSLETTER TEAM WANTS TO HEAR FROM YOU!

WE WANT TO HEAR FROM YOU!

Have a story to write?
A photo you'd like to share?
Earned your certification or advanced degree?
Published an article?

Or have any feedback, questions, concerns about the publication?

All articles should be submitted as 1/2 page of Times New Roman, size 12 font, single-spaced with an official photo from the author.
To: NurseCorpsNewsletter@gmail.com

WE LOVE PHOTOS!

Please submit your photos of our Nurse Corps in action and comply with PAO Guidelines:

- Subject of photo
- Photographer
- Date/location of photo
- Statement that the photo was released by your Command PAO
- No badges or other protected information

CONTACTS

Rear. Adm. Robert Hawkins
Navy **Nurse Corps** Chief

The Navy Nurse Corps is an essential component of Navy Medicine, providing comprehensive, patient-centered care in support of the Navy and Marine Corps team. Established in 1908, the Corps is composed of highly trained officers who deliver clinical excellence, operational readiness, and leadership across a wide range of medical environments. Navy Nurses serve in military treatment facilities, with operational units, aboard ships, with the Fleet Marine Force, and in humanitarian and global health engagements around the world. Their expertise spans diverse specialties—including medical-surgical nursing, emergency/trauma, critical care, perioperative nursing, pediatrics, mental health, anesthesia, and education—ensuring the health and readiness of our warfighters and their families.

CORPS CHIEF OFFICE STAFF

Reserve Deputy Chief
Rear. Adm. Kimberly Sandberg, NC, USN

Deputy Chief
Capt. Tracey Giles, NC, USN

Career Planner
Capt. Teresa Dent, NC, USN

Policy & Practice
Capt. Colleen Blosser, NC, USN

Reserve Affairs Officer
Capt. Amy Loesche, NC, USN